

# Indiana Occupational Therapy News

November 2011 Edition



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## Newsletter Schedule:

- March
- July
- November

## What's Happening in your Profession?

- Next renewal date for all licensed OT's and OTA's will be **November 2010 thru December 31, 2012.**

## 2012 Meeting Dates:

- March 13
- July 24
- November 20

Please note that meeting dates and locations are subject to change or may be cancelled due to lack of business. All meetings are held in: Indiana Government Center South, 402 W. Washington Street, Conference Room Wo64 of the Indiana Professional Licensing Agency, Indianapolis, IN 46204.

## Did you know?

If you become married, divorced or have a legal name change you only need to submit a written request to change your name via fax to 317-233-4236, along with a copy of the legal document that allows for the name change and your license number. Your name will be updated in our system within 3-5 business days.

## Disciplinary Action:

A list of board disciplinary actions may be found on our license litigation system at <http://www.in.gov/ai/appfiles/pla-litigation/>.

Free online licensure look-ups may be obtained at <https://extranet.in.gov/WebLookup/Search.aspx>. This is a real time database and is the best resource for accurate data.

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## Into the Swing of Things

Molly V. Strzelecki

OT Practice: Retrieved 11/28/11

When Taylor Wilkerson first picked up a golf club at the age of 9, it was instant love. Four years later, as he gets ready to enter high school and try out for the golf team, it's still love, despite the daily challenges he encounters. The young golf enthusiast, you see, has cerebral palsy, which causes hemiplegia—the left side of his body is weaker and less-coordinated than the right side. None of this, however, prevents him from living life to its fullest when it comes to pursuing his love of the game.

Occupational therapy practitioners can play an integral part in therapy interventions for persons with cerebral palsy, particularly with constraint induced movement therapy (CIMT) interventions. Simply forcing a person with hemiplegia to move his or her arm does not make the arm functional, which is why occupational therapy practitioners use interventions built around activities that patients identify as most purposeful and motivating.

In March, Taylor and his parents traveled from his North Carolina home to Baltimore and entered the Constraint Induced Movement Therapy and Intensive Bimanual Therapy program at the Kennedy Krieger Institute. For 4 weeks, 6 hours a day, Taylor underwent a course of intensive CIMT based on research for improving upper extremity function for kids with paralysis caused by stroke, cerebral palsy, or other conditions. Taylor's right arm was put in a cast that stretched from above his elbow down to his fingertips for the duration of the treatments, encouraging and requiring him to use his affected left arm during therapy.

There are other programs similar to the one at Kennedy Krieger throughout the country, but Katherine Wilkerson—Taylor's mom—noted that this program's approach was what really piqued her interest in temporarily moving her son to Baltimore for a month of intensive therapy. "We don't have a program here in North

Carolina that is this intensive," Wilkerson says, "and I had heard of the constraint induced therapy program before, but we'd never had any experience with it. Just the whole concept was appealing for us, and the fact that Taylor would get so much one-on-one therapy for such an extended period of time every day, and that it was really going to be incorporated into his everyday lifestyle was something that was really important to us.

"I think he enjoyed the sense of accomplishment while the cast was still on," Wilkerson continues. "He found out he could do a lot more than what he really thought he could." Teressa Garcia, MS, OTR/L, occupational therapist II, clinical specialist in CIMT at Kennedy Krieger, worked with Taylor during the 4-week program.

"In our evaluation process, when we first started, we talked to Taylor and we talked to his mom, and we found out that golf was an activity that he really enjoyed and wanted to get better at," Garcia notes. "One of his goals was to maintain grasp on the club throughout his golf swing." Not that playing a better round of golf was Taylor's only goal in the CIMT program. More like par for the course; Garcia worked in Taylor's love of golf as a throughout his treatment.

We worked throughout therapy on the component skills that would make his grasp better," Garcia explains. "Gripping heavier things, carrying things from place to place, doing various crafts and games and activities of daily living to strengthen his hand, and we golfed on the Nintendo Wii."

But playing golf via a video game is one thing, and gripping an actual club and taking a swing is another. One of the other therapists in the Kennedy Krieger program is married to a golf professional at a local golf club, and with her knowledge of Taylor's passion for golf, she reached out to the golf staff to coordinate a lesson as part of Taylor's treatment.

Kelly Tomlinson, the assistant golf professional from the golf club, joined Taylor and Garcia at the end of Taylor's treatment for a 45-minute private golf lesson. "We worked out in the yard on the basic swing, and a chip shot," Tomlinson notes. "Teressa and I talked about different drills Taylor can do to build up the strength and the tendons in his arms, and eventually, if he can get to a certain point, he'll be able to play even better. He's got a great swing, and he's a pretty good athlete as it is."

"With CIMT," Garcia explains, "the treatment is focused on repetitive task practice. It's sometimes easy to lose sight of function and occupational performance, but we look at client goals, client interest, and client leisure activities. We were picking up and releasing golf balls. We were putting tees in the ground rather than pegs in a board. Finding something that motivates our clients enhances treatment so much. And it has carryover at home and in the rest of the client's life, not just in the clinic."

Whether using a CIMT intervention or not, simply forcing a person with hemiplegia to move his or her affected arm does not make the arm functional. Occupational therapy practitioners focus interventions built around activities that patients identify as most purposeful and motivating.

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